

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 010234	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/30/2012
NAME OF PROVIDER OR SUPPLIER BROOKDALE PLACE AT WILLOW LAKE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2725 LAKE CIRCLE DR INDIANAPOLIS, IN 46268		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>An investigation of Complaint Number IN00101881 was conducted by the Indiana State Department of Health.</p> <p>Complaint Number: IN00101881 Unsubstantiated, due to lack of evidence</p> <p>Survey Date: 01/30/12</p> <p>Facility Number: 010234 Provider Number: 010234 AIM Number: NA</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>Census Bed Type: Residential: 51</p> <p>Brookdale Place at Willow Lake LLC was found in compliance with 410 IAC 16.2-5-1.5, Sanitation and Safety Standards and 16.2-5-1.6, Physical Plant Standards of the Indiana Health Facilities Rules for Residential facilities in regard to the investigation of Complaint Number IN00101881.</p> <p>Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 01/31/12.</p>	R 000		

Indiana State Department of Health

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

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If continuation sheet 1 of 1